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07/30/2004

WOMBLE CARLYLE SANDRIDGE & RICE
 P.O. Box 7037
 Atlanta, GA 30357-0037



09/08/2004 LWONDIM2 00000065 090528 10642973

01 FC:2501 665.00 DA
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<u>Cheryl West</u>	(Depositor's name)
<u>Cheryl West</u>	(Signature)
<u>September 2, 2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/642,973	08/18/2003	Myrn Stein	S079 1190.1	3392

TITLE OF INVENTION: ELECTRONIC EVAPORATOR DRYER FOR ELIMINATING ODORS IN VEHICLE AIR CONDITIONING SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
TANNER, HARRY B	3744	062-082000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Womble Carlyle

Sandridge & Rice, PLLC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AirSept, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Marietta, GA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0528 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date)

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